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CENTRAL FAX CENTER  
OCT 03 2011

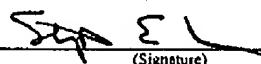
Atty. Dkt. No. RDP001U  
(043528-0100)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard D. Pollak  
Title: PROCESS FOR THE COLOR  
ENHANCEMENT OF GEMSTONES  
Appl. No.: 09/803,218  
Filing Date: 3/12/2001  
Patent No.: 6,635,309  
Issue Date: 10/21/2003  
Examiner: PARKER, Frederick John  
Art Unit: 1762  
Confirmation Number: 8538

**CERTIFICATE OF FACSIMILE TRANSMISSION**  
I hereby certify that this paper is being facsimile transmitted to the  
Commissioner for Patents, Alexandria, Virginia 22313-1450, on  
the date below.

Stephen E. Reiter  
(Printed Name)

  
(Signature)

October 3, 2011  
(Date of Deposit)

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OCT 11 2011

OFFICE OF PETITIONS

**REQUEST FOR RECONSIDERATION OF DECISION ON PETITION**

Mail Stop Petition  
Commission for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
Fax: (571) 273-8300

Sir:

Petitioner hereby requests reconsideration of the decision mailed August 1, 2011 with respect to the petition filed June 23, 2011 to reinstate the above-identified patent under 37 CFR § 1.378(b)/(c). Petitioner submits that, in view of the petitions on file, the following remarks and the appended documentation, an unintentional and avoidable delay is established.

Specifically, as described in detail in the petition filed June 23, 2011, prior to October 21, 2009, Petitioner had every intention to maintain the patent by timely filing a petition for an unintentionally delayed payment under 37 C.F.R. §1.378(c). However, due to Petitioner's poor health, which lead to an automobile accident on September 19, 2009, Petitioner was unable

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-1-

Atty. Dkt. No. RDP001U  
(043528-0100)

to timely file the petition under 37 C.F.R. §1.378(c). Petitioner submits herewith the following documents evidencing his health condition during September 2009 and the following months, including the automobile accident that he endured during this time period:

- (i) Statement from Dr. George Groth showing that Petitioner experienced memory loss and went through two heart surgeries during the period between September 19, 2009 and May 2010 (Exhibit A);
- (ii) Statement and claims from the insurance company showing the date of the automobile accident and confirming that Petitioner was not under the influence of drug or alcohol when the accident occurred (Exhibit B);
- (iii) Result Review Report from the attending physician, summarizing the patient's condition, including images taken before ("pre") and after ("post") angioplasty, revealing Petitioner's substantial degree of blockage (Exhibit C);
- (iv) Copies of medical expenses incurred by Mr. Pollak as a result of undergoing the first angioplasty procedure (Exhibit D); and
- (v) Copies of medical expenses incurred by Mr. Pollak as a result of undergoing the second angioplasty procedure (Exhibit E).

In terms of the diligence with which Petitioner has attempted to address the delayed payment of maintenance fee, it was only on January 7, 2011, that the Petitioner became aware of the fact that the maintenance fee was due (see communication from licensee advising Petitioner thereof; Exhibit F), and promptly thereafter (on February 1, 2011), Petitioner submitted the original petition seeking reinstatement of this patent.

In view of Petitioner's extraordinary conditions summarized above and in the prior petitions, taken together with Petitioner's prompt and diligent efforts to rectify the failure to timely pay the outstanding maintenance fee, Petitioner respectfully requests that:

- (i) the 24-month time limit be suspended pursuant to 37 C.F.R. §1.183 and the petition under 37 C.F.R. §1.378(c) for an unintentionally delayed payment be granted or alternatively,
- (ii) the entire delay be treated as two separate delays:

Atty. Dkt. No. RDP001U  
(043528-0100)

(a) the delay between October 21, 2007 and October 21, 2009 is  
unintentional, and

(b) the delay between October 22, 2009 and February 1, 2011 is  
unavoidable.

Therefore, the petition under 37 C.F.R. §1.378(b)/(c) should be granted.

Petitioner respectfully submits that, in view of the petitions and evidence on the record, it fails to serve justice to deprive Petitioner of his right to the patent due to a life-threatening health issue and an automobile accident.

Should there be any questions regarding this submission, the petitions examiner is invited to contact the undersigned agent of record at the telephone number set forth below.

Granting of this petition is respectfully requested. The required maintenance fee and surcharge have been previously paid. However, if any additional fees are required, the Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date: 10/3/11

FOLEY & LARDNER LLP  
Customer Number 30542  
Telephone: 858-847-6711  
Facsimile: 858-792-6773

By 

Stephen E. Reiter  
Registration No. 31,192  
Attorney for Applicant

Attachments: Exhibits A-F

WASH\_8290179.1

## Exhibit A

**GEORGE W. GROTH, M.D.**

P.O. Box 980  
Rancho Santa Fe, CA 92067  
Phone (858) 756-2116  
Fax (858) 756-4142  
License G38045

January 25, 2011

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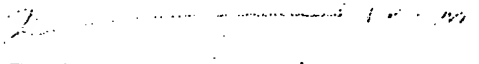
Re: Richard Pollack

To Whom It May Concern:

Mr. Pollack's medical condition from the auto accident of 9/19/2009 until May 2010, effected his memory in such a way that he would have been unlikely to remember to renew his patent. His conditions included a concussion on 9/19/2009 and two heart surgeries in the following months for coronary artery disease.

If I can provide you with any additional assistance with respect to this matter please feel free to contact me.

Sincerely,

  
Dr. George W. Groth, IV, M.D.

## **Exhibit B**



FARMERS

**Paul Huston**

2120 Jimmy Durante Blvd., Suite 113

Del Mar, CA 92014

Bus: 858-481-3116

Fax: 858-481-6366

CA License #0566466

phuston@farmersagent.com

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OFFICE OF PETITIONS

09/29/2011

Re: Richard Pollack  
Farmers Insurance Group  
Policy # 0153629474

To Whom It May Concern:

This is to certify that Richard Pollack was involved in an automobile accident on September 19, 2009. Mr. Pollock passed out at the wheel and lost control of his car. The car went off the road and hit a tree. The police were summoned and all drug and alcohol tests proved to be negative.

Sincerely,

A handwritten signature in black ink, appearing to be "PH" or "Paul Huston", written over a horizontal line.

Paul Huston  
Agent # 99 83 03

**FARMERS**

Send all claims correspondence to:  
Farmers Insurance Total Loss - COE  
PO Box 108815  
Oklahoma City OK 73101-8815  
FAX: (877) 217-1389  
Email: [claimsdocuments@farmersinsurance.com](mailto:claimsdocuments@farmersinsurance.com)

**RECEIVED****OCT 11 2011****OFFICE OF PETITIONS**

September 29, 2009

RE: Claim Number: 1014728566-1-1  
Loss Date: 9/19/2009 12:00:00 AM  
VIN: KMHDU46D27U153159  
Year/Make/Model: 2007 Hyundai Elantra

Dear Mr. Pollak:

The damage to your vehicle has resulted in a total loss. We have evaluated your vehicle as outlined below. This amount is based on the vehicle's actual cash value at the time of the loss. The vehicle's mileage, equipment, and condition are taken into account when determining the actual cash value. The amount of the payment was determined as follows:

Actual Cash Value:	\$10862.00
Sales Tax:	\$950.42
License Fee Refund:	\$146.00
Less: Deductible	- \$750.00
<b>Total Amount:</b>	<b>\$11208.42</b>

The actual cash value of your vehicle could be affected if it had a branded title or prior un-repaired damage. The amount considered in the determination of your vehicle's actual cash value was \$0.

Enclosed is a copy of the market appraisal used to determine the Actual Cash Value of your vehicle.

If within 35 days of receiving this settlement you cannot find a comparable vehicle for the gross settlement amount, you may notify us and we will re-open the claim for further evaluation.

Additionally, we urge you to contact your agent, if you have not already done so, to make further arrangements for your coverage needs. Please consult your policy for the exact terms and conditions of coverage.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



**FARMERS**

Send all claims correspondence to:  
Farmers Insurance Total Loss - COE  
PO Box 108815  
Oklahoma City OK 73101-8815  
FAX: (877) 217-1389  
Email: [claimsdocuments@farmersinsurance.com](mailto:claimsdocuments@farmersinsurance.com)

September 29, 2009

Richard Pollak  
2120 Jimmy Durante Blvd STE 123  
Del Mar, CA 92014

Policy: 0153629474  
Claim Number: 1014728566-1-1  
Date of Loss: 9/19/2009 12:00:00 AM  
Vehicle: 2007 Hyundai Elantra

Dear Mr. Pollak:

Your recent claim has resulted in a total loss settlement on your automobile. If your policy is still in force, there are several good reasons to continue your policy coverage.

For example, even if you have not purchased another automobile, you would be insured while driving a borrowed or non-owned vehicle. If you do buy a replacement automobile, it would be automatically insured. Please consult your policy for the exact terms and conditions of coverage.

We urge you to contact your agent, if you have not already done so, to make further arrangements for your coverage needs.

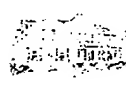
Sincerely,  
Farmers Insurance Exchange

Tiffany Tabiai  
Total Loss Specialist

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

farmersw

PAGE 1 OF 1



[Name] [Title] [Phone]

Loss Date:  
 9/19/2009  
 Report Date:  
 9/20/2009  
 Policy Number:  
 0153629479  
 Insured:  
 RICHARD POLLAK  
 Status:  
 Open  
 Claim Type:  
 Collision  
 CAT Code:  
 1014728566-1

## Unit: Claims Overview

Description: Collision  
 Location: 1014728566-1  
 Date: 9/19/2009  
 Status: Open  
 Claim Type: Collision  
 CAT Code: 1014728566-1

Policy Type: Auto  
 Loss: CRASH 09/21/2009: Insured hit stationary object.

PAUL HUSTON  
 2120 JIMMY  
 DURANTE BLVD STE  
 113  
 DEL MAR CA 92014-  
 2269

Phone Number:  
 (858)481-3116(Best)

MD	Closed
Suprogation	Closed
Insured	(858)922-9346
Agent - Farmers	(858)481-3116

Claim Number	MD	Paid	Total Claim Paid
1014728566-1-1	MD	Paid	\$9,024.15
1014728566-1-2	MD	Paid	\$2,184.27
Total Claim Paid			\$11,208.42

Claim Number: 1014728566-1

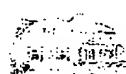
Description	Created	Status
1-Log	09-21-2009	
1-Log	09-21-2009	
Unit Assigned	09-21-2009	Done
Vehicle	09-23-2009	
Vehicle	09-27-2009	
Subrogation		
Correspondence		

## Disclaimer

The information presented on this page reflects our records in connection with this claim only and is not applicable to any other claim or claims that may have been reported under this policy.

<https://hpos.farmersinsurance.com/eClaims/AgentClaims/showClaimDetails.action?claim...>

FARMERS



## Unit: Claims Overview

Loss Date:  
 9/19/2009  
 Report Date:  
 9/20/2009  
 Policy Number:  
 0193629474  
 Insured:  
 RICHARD POLLAK  
 Status:  
 Open  
 Claim Type:  
 Collision  
 CAT Code:

PAUL HUSTON  
 2120 JIMMY  
 DURANTE BLVD STE  
 113  
 DEL MAR CA 92014-  
 2269  
 Phone Number:  
 (858)481-3116(Pest)

CRNEI 09/21/2009: Insured hit stationary object.

North El Camino Rest Del Mar, CA

Road Location

Unknown

No matching records found

## Helpful Hint

If you have questions about the Code Coding below, contact the assigned adjuster. The adjuster's contact information is available by clicking on the Contact tab above.

Driver Involved:	Insured/Household	Date Submitted:	09/21/2009 01:05:10
Fault:	Negligent		
Name:			
Other Object:	Stationary object other than auto		
Primary Cause:	Hit object or pedestrian	Primary Description:	Hit other car - no better description applies
Secondary Cause:		Secondary Description:	

## Disclaimer

The information presented on this page reflects our record of the facts of Loss as reported to us for this claim. The Facts of Loss as reported do not necessarily represent the results of our claim investigation. If you have any questions regarding this information, please contact your assigned claims representative.

## Exhibit C

## RESULT REVIEW REPORT

Scripps Health

Account Number: 100929310

Page: 0

Facility:

Attending MD: NGUYEN, ALEXIE K

Print: 02/12/10 10:18a

POLLAK, Richard D.

Admit Date: 29Dec2009

Report ID: RESULTS

MRN: 200057150

Nursing Unit: E2S

Date of Birth: 21Jun49

Age: 60

Sex: M

-----  
Scripps Encinitas

## CONSULTATION

PATIENT: POLLAK, RICHARD D

MR#: 000200057150

ACCT#: 000100929310

DATE: 12/29/2009

## REQUESTING CONSULTANT:

Jan Kulhanek, MD

## CONSULT INDICATION:

1. Status post ST-elevation myocardial infarction.
2. Tobacco abuse.

## HISTORY OF PRESENT ILLNESS:

Briefly Mr. Pollak is a 60-year-old gentleman with no prior history of coronary artery disease or cardiac disease who this morning woke up, had significant arm, jaw, and shoulder pain that was relieved after taking several aspirin, then later in the afternoon approximately 4:30 to 5 o'clock the patient had more substernal chest pressure and pain as well as arm and jaw pain which prompted him to come to the emergency department. Upon which arrival in the ED, he was found to have ST elevation in inferior leads greater than 3 to 4 mm. The patient was taken urgently to the catheterization lab and found to have an occluded right coronary artery. The case was complicated by some mild hypertension requiring dopamine, bradycardia requiring atropine, and eventually the patient had TIMI 3 flow after a drug-eluting stent was placed to the proximal CA. He had some residual disease in left anterior descending artery noted. Currently the patient denies any chest pain, pressure, nausea, vomiting, fever, chills, shortness of breath. He denies any congestive heart failure symptoms, PND, orthopnea.

## REVIEW OF SYSTEMS:

All 14-point review of systems is otherwise negative.

## PAST MEDICAL HISTORY:

The patient states that he has been in prior good health. He has some significant gastroesophageal reflux disease and has some seasonal allergies.

## MEDICATIONS:

He takes:

1. Over-the-counter antihistamines
2. Aspirin.
3. Occasional herbal medicines.

## RESULT REVIEW REPORT

Scripps Health Account Number: 100929310 Page: 2  
Facility: Attending MD: NGUYEN, ALEXIE K Print: 02/12/10 10:18a  
POLLAK, Richard D. Admit Date: 29Dec2009 Report ID: RESULTS  
MRN: 200057150 Nursing Unit: E2S  
Date of Birth: 21Jun49  
Age: 60 Sex: M

-----

## ALLERGIES:

SULFA DRUGS.

## FAMILY HISTORY:

Dad had heart disease. Mom had "low blood pressure."

## SOCIAL HISTORY:

The patient also smokes several cigarettes a day.

## PHYSICAL EXAMINATION:

VITAL SIGNS: All within normal limits.

GENERAL: The patient is in no acute distress, awake and alert, oriented x3.

HEENT: Pupils equal and react to light and accommodation.

Extraocular muscles intact.

NECK: Supple. No lymphadenopathy.

CHEST: Clear to auscultation bilaterally.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs, or gallops.

ABDOMEN: Soft. Nontender, nondistended.

EXTREMITIES: Warm and well-perfused. No clubbing, cyanosis, or edema. The patient has a FemoStop in the right groin with good hemostasis and intact venous sheath.

## LABORATORY RESULTS:

EKG post procedure shows no evidence of Q-waves or ST elevation.

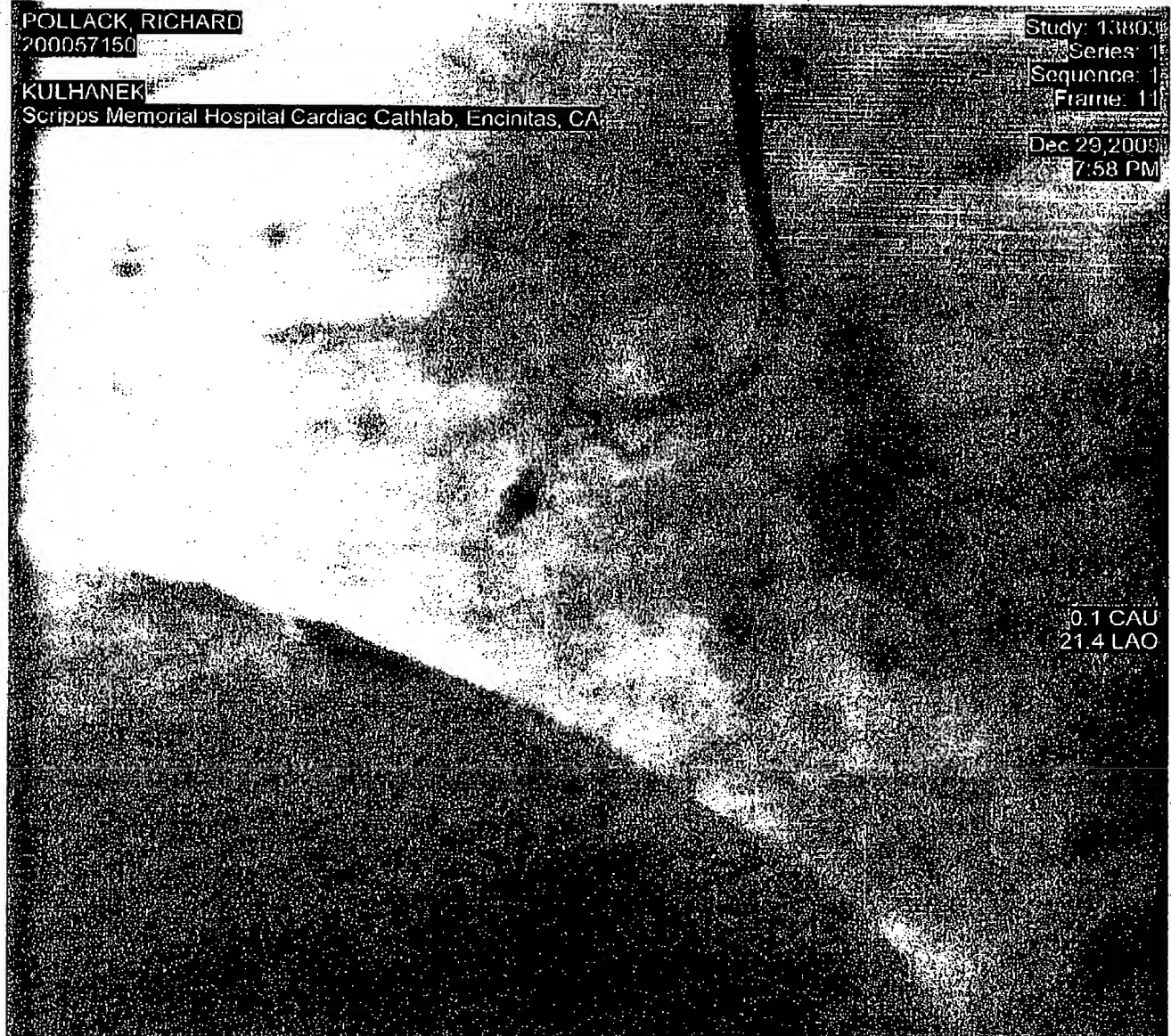
The patient has a BNP of 23. A CBC with a white count of 12.9, and a hemoglobin of 15. Essentially normal comprehensive metabolic panel except for a glucose of 164. CK-MB was 4.0 with a CK of 221. D-dimer was 313 and troponin I was 0.06. INR was 1.0. Chest x-ray was clear.

## IMPRESSION:

1. The patient is a 60-year-old gentleman admitted with status post acute ST-elevation myocardial infarction of the right coronary artery territory 1 STEMI. The patient will get standard post MI therapy, echocardiogram tomorrow. The patient will be on bed rest receiving 2B/3A overnight. I will monitor for signs of reperfusion abnormality. If he were to get hypertensive, would use a fluid as the patient had proximal RCA likely involving RV branch and may be acting somewhat preload dependent. He is currently in no distress. We will continue his Plavix, aspirin. He will need to be on beta-blocker going forward and on statin therapy as well. We will defer to Cardiology as far as their choice in medical regimen and echocardiogram to be read tomorrow.
2. Mildly elevated glucose. We will continue to trend this with basic metabolic panel. This is likely a stress response and some mild insulin insensitivity rather than full-blown diabetes. Plan to have lipids checked prior to discharge.

Scripps Memorial Hospital Cardiac Cathlab.

PRE



Patient: POLLACK, RICHARD ID: 200057150 Study Date: Dec 29, 2009  
Study: 13803 Series: 1 Image: 1 Frame: 11  
Printed: Tuesday, December 29, 2009 - 8:45 PM

Scripps Memorial Hospital Cardiac Cathlab

POST



Patient: POLLACK, RICHARD ID: 200057150 Study Date: Dec 29, 2009  
Study: 13803 Series: 1 Image: 20 Frame: 36  
Printed: Tuesday, December 29, 2009 - 8:45 PM



## **Exhibit D**

SCRIPPS MEMORIAL ENCINITAS  
 FILE 50354  
 LOS ANGELES, CA 90074-0354  
 Statement on: 01/21/10 at 08:36 AM

PAGE: 1

Guarantor: POLLAK RICHARD D  
 3133 VIA DE CABALLO  
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
 Visit #: 100929310

Date	Svc Code	Description	Units	Debits	Credits
12/29/09	10401008	R&B ICU - GENERAL	1	8854.79	
12/29/09	19000080	ABCIXIMAB 2MG/ML 5ML	4	13225.68	
12/29/09	19003886	ATROPINE 1MG SRN	1	40.00	
12/29/09	19014909	BENADRYL 50MG	1	40.00	
12/29/09	19018124	PEPCID 10MGML 2ML VL	1	40.00	
12/29/09	19022431	HEP 10000U 1ML VL	1	40.00	
12/29/09	19023470	SOLUCORTEF 250MG VL	1	40.00	
12/29/09	19027539	LIDO 1% 20ML VL	1	4.62	
12/29/09	19032752	MORPHINE 2MG/ML 1ML C	2	80.00	
12/29/09	19033123	MORPHINE 5MG/1ML VL	1	40.00	
12/29/09	19033537	SODIUM BICARBONATE 4%	1	40.00	
12/29/09	19036118	NITROPRESS 50MG VL	1	72.86	
12/29/09	19039260	PHENYLEPHRINE 50MG/5M	1	70.33	
12/29/09	19049731	MIDAZOLAM 1MG/ML 5ML	1	40.00	
12/29/09	19055383	METOPROLOL TARTRATE	2	80.00	
12/29/09	19056050	NITRO 0.1MG/ML 10ML V	1	40.00	
12/29/09	19056076	VERAPAMIL 10MG VL	1	40.00	
12/29/09	19057249	FENTANYL 0.05MG/ML 2M	2	80.00	
12/29/09	19057306	ONDANSETRON 2MG/ML 2M	1	40.00	
12/29/09	19103803	ATORVASTATIN 20MG	6	115.44	
12/29/09	19107697	CARVEDILOL 3.125MG TA	1	12.00	
12/29/09	19128255	LISINOPRIL 5MG TAB	1	12.00	
12/29/09	19128529	LORAZEPAM 1MG TAB	2	24.00	
12/29/09	19135920	NTG 0.4MG 25 TABS	1	12.00	
12/29/09	19140953	PREDNISONE 20MG TAB	3	36.00	
12/29/09	19170364	CLOPIDOGREL 300MG TAB	2	170.44	
12/29/09	19212283	DEXTROSE 5%/WATER 250	1	51.21	
12/29/09	19222290	HEPARIN 1000U	3	120.00	
12/29/09	19251133	DOPAMINE 400MG	1	71.71	
12/29/09	19435987	NITROGLY 2% 1GM OINT	1	25.00	
12/29/09	19514842	BENADRYL 25MG TAB	1	3.00	
12/29/09	21585336	IV 0.9% NS 1000ML	2	73.60	
12/29/09	21638523	SET PUMP NON-VTD 20DR	2	87.62	
12/29/09	21641584	OXISENSOR ADLT ADHSV	1	70.28	
12/29/09	21649660	IV START KT W/BD STAT	3	112.35	
12/29/09	21660212	CUFF BP ADLT LG SOFT	1	31.33	
12/29/09	24400376	CATH LEFT RETROGRADE	1	9181.29	
12/29/09	24400541	INJ LEFT VENT/ATRIAL	1	182.70	
12/29/09	24400566	INJ CORONARY ANGIO	1	269.30	
12/29/09	24400574	IMAGING VENT/ATRIAL A	1	1667.30	
12/29/09	24400582	IMAGING PULMONARY ANG	1	2623.30	
12/29/09	24401424	CDES PLACEMENT INT RC	1	27145.45	

- Continue -

SCRIPPS MEMORIAL ENCINITAS  
FILE 50354  
LOS ANGELES, CA 90074-0354  
Statement on: 01/21/10 at 08:36 AM

PAGE: 2

Guarantor: POLLAK RICHARD D  
3133 VIA DE CABALLO  
ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
Visit #: 100929310

Date	Svc Code	Description	Units	Debits	Credits
12/29/09	24401788	PERC TRANSLUM CRNRY T	1	9425.76	
12/29/09	24402000	PERICARDIOCENTESIS IN	1	1247.27	
12/29/09	24503013	SHEATH 6FR PINNACLE I	1	71.42	
12/29/09	24503039	SHEATH 8FR PINNACLE I	2	142.84	
12/29/09	24508442	TRAY CATH LAB ENC	1	405.55	
12/29/09	24521734	COMPRESSOR FEMOSTOP G	1	291.20	
12/29/09	24530792	CONT VISIPAQ 320MG 15	3	777.84	
12/29/09	24546939	CONT VISIPAQ 320MG 50	1	136.40	
12/29/09	24551400	PACK PRIORITY 20/20	1	244.40	
12/29/09	24560435	GUIDEWIRE FRT MOD 185	1	416.00	
12/29/09	24570277	BLN DEL QNT MAV 20X3.	1	1040.00	
12/29/09	24576266	PATCH VASCULAR CHITO	1	227.00	
12/29/09	24594376	KIT SYRINGE CUSTOM EN	1	75.50	
12/29/09	24598971	CATH ZUMA 8FR HSISH	1	275.60	
12/29/09	24600991	CATH IMPULSE 6F FL4 1	1	58.51	
12/29/09	24601007	CATH IMPULSE 6F FR4 1	1	58.51	
12/29/09	24601056	CATH IMPULSE 6F PIG 1	1	58.51	
12/29/09	24604886	BAIR HUG ADULT	1	124.95	
12/29/09	24605065	CLIPPER SURG DISP	1	84.92	
12/29/09	24606576	CATH EXTRACTION PRONT	1	2103.75	
12/29/09	24607343	ANGIO-SEAL 8F VIP	1	1040.00	
12/29/09	24617532	SET PUMP NON-VTD 20DR	2	87.62	
12/29/09	24637423	STENT DES XIENCE3.5X2	1	7905.00	
12/29/09	40630279	LIPID PANEL	1	117.00	
12/29/09	40630360	CK TOTAL	2	113.80	
12/29/09	40632275	TROPONIN I	2	172.00	
12/29/09	40632622	CK MB	2	201.80	
12/29/09	40650038	CBC	2	135.80	
12/29/09	40670614	PROTHROMBIN TIME	1	34.40	
12/29/09	40670622	APTT	1	52.40	
12/29/09	40748576	VENIPUNCTURE	1	18.80	
12/29/09	40754459	COMPREHENSIVE PANEL	1	92.40	
12/29/09	40760019	D-DIMER, QUANT	1	88.90	
12/29/09	40760050	NATRIURETIC PEBTIDE (	1	296.50	
12/29/09	49700016	EKG ROUTINE 12 LEAD T	1	164.10	
12/29/09	61100095	CHEST SINGLE VW	1	158.22	
12/29/09	70100623	ER LEVEL V	1	1629.01	
12/29/09	70183207	VENIPUNCTURE	1	18.80	
12/29/09	70183413	OXIMETRY MULTIPLE	1	170.00	
12/30/09	10401008	R&B ICU - GENERAL	1	8854.79	
12/30/09	19103803	ATORVASTATIN 20MG	2	38.48	
12/30/09	19107697	CARVEDILOL 3.125MG TA	2	24.00	

- Continue -

SCRIPPS MEMORIAL ENCINITAS  
 FILE 50354  
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 Statement on: 01/21/10 at 08:36 AM

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Guarantor: POLLAK RICHARD D  
 3133 VIA DE CABALLO  
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
 Visit #: 100929310

Date	Svc Code	Description	Units	Debits	Credits
12/30/09	19118132	FAMOTIDINE 20MG TAB	1	12.00	
12/30/09	19128255	LISINOPRIL 5MG TAB	2	24.00	
12/30/09	19140953	PREDNISONE 20MG TAB	3	36.00	
12/30/09	19514842	BENADRYL 25MG TAB	2	6.00	
12/30/09	19515310	DOCUSATE NA 100MG CAP	2	6.00	
12/30/09	40630279	LIPID PANEL	1	117.00	
12/30/09	40630360	CK TOTAL	3	170.70	
12/30/09	40632275	TROPONIN I	2	172.00	
12/30/09	40632622	CK MB	3	302.70	
12/30/09	40633109	TSH	1	146.80	
12/30/09	40650038	CBC	1	67.90	
12/30/09	40670614	PROTHROMBIN TIME	1	34.40	
12/30/09	40754442	BASIC METABOLIC PANEL	1	74.00	
12/30/09	49610280	ECHO 2DCOMP W/ DOPPLE	1	2146.00	
12/30/09	49700016	EKG ROUTINE 12 LEAD T	1	164.10	
12/30/09	58700469	OXYGEN PER HOUR	12	316.32	
12/30/09	65103137	VENOUS DPLX LOW EXT B	1	807.20	
12/31/09	10404036	R&B M/S - SEMI-PRIVAT	1	2954.97	
12/31/09	19103803	ATORVASTATIN 20MG	2	38.48	
12/31/09	19107697	CARVEDILOL 3.125MG TA	2	24.00	
12/31/09	19110600	CLOPIDOGREL 75MG TAB	1	22.16	
12/31/09	19118132	FAMOTIDINE 20MG TAB	2	24.00	
12/31/09	19120336	FUROSEMIDE 20MG TAB	1	12.00	
12/31/09	19128255	LISINOPRIL 5MG TAB	3	36.00	
12/31/09	19140953	PREDNISONE 20MG TAB	3	36.00	
12/31/09	19503548	ASPIRIN 325MG TAB	1	3.00	
12/31/09	19514842	BENADRYL 25MG TAB	2	6.00	
12/31/09	19515310	DOCUSATE NA 100MG CAP	2	6.00	
12/31/09	40650038	CBC	1	67.90	
12/31/09	40670614	PROTHROMBIN TIME	1	34.40	
12/31/09	40748576	VENIPUNCTURE	1	18.80	
12/31/09	40748998	RENAL FUNCTION PANEL	1	75.90	
01/01/10	19107697	CARVEDILOL 3.125MG TA	1	12.00	
01/01/10	19108729	ZYRTEC 10MG TAB	1	12.00	
01/01/10	19110600	CLOPIDOGREL 75MG TAB	1	22.16	
01/01/10	19118132	FAMOTIDINE 20MG TAB	1	12.00	
01/01/10	19120336	FUROSEMIDE 20MG TAB	1	12.00	
01/01/10	19125988	KCL 20MEQ PACKET EA	2	4.00	
01/01/10	19128255	LISINOPRIL 5MG TAB	1	12.00	
01/01/10	19140953	PREDNISONE 20MG TAB	3	36.00	
01/01/10	19419414	FLUNISOLIDE NASAL SP	1	162.72	
01/01/10	19503548	ASPIRIN 325MG TAB	1	3.00	

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Guarantor: POLLAK RICHARD D  
 3133 VIA DE CABALLO  
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
 Visit #: 100929310

Date	Svc Code	Description	Units	Debits	Credits
01/01/10	19514842	BENADRYL 25MG TAB	1	3.00	
01/01/10	19515310	DOCUSATE NA 100MG CAP	2	6.00	
01/01/10	32500076	TELEMETRY SERVICE PER	2	1506.04	
01/01/10	40628786	CULTUREBLOOD	2	180.40	
01/01/10	40650038	CBC	1	67.90	
01/01/10	40651127	URINALYSIS-MACRO ONLY	1	19.70	
01/01/10	40670614	PROTHROMBIN TIME	1	34.40	
01/01/10	40748576	VENIPUNCTURE	2	37.60	
01/01/10	40754442	BASIC METABOLIC PANEL	1	74.00	
01/01/10	49700016	EKG ROUTINE 12 LEAD T	1	164.10	
01/01/10	70500491	ADL TRAINING 15 MIN	1	126.00	
01/01/10	70501358	OCCUPATIONAL THERAPY	1	343.46	
01/01/10	70801402	PHYSICAL THERAPY EVAL	1	341.36	
01/06/10	26001	UNINSURED DISCOUNT	-1		22935.12-
01/11/10	26001	UNINSURED DISCOUNT	-1		32.82-
* - Not posted				Balance:	91871.98

## **Exhibit E**

SCRIPPS MEMORIAL ENCINITAS  
FILE 50354  
LOS ANGELES, CA 90074-0354  
800 690-9070

03/19/10

## Patient Responsibility Receipt

POLLAK RICHARD D  
3133 VIA DE CABALLO

ENCINITAS CA 920240000

MR #: 200057150  
Carrier: SELF PAY  
Plan:

Guarantor: POLLAK RICHARD D

Visit #: 100966005

Co-Pay:  
Deductible:  
Deposit:

## Payments

0.00

0.00

500.00

Total:

500.00

Payment Method: PATIENT CHECK

Comment:

OK pay to  
acct 15,000  
AS paid in full.  
Balance is 2.71  
\$ 14,500

760-  
633-  
7746

me

SCRIPPS MEMORIAL ENCINITAS  
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Guarantor: POLLAK RICHARD D  
3133 VIA DE CABALLO  
ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
Visit #: 100966005

Date	Svc Code	Description	Units	Debits	Credits
03/10/10	10401008	R&B ICU - GENERAL	1	8854.79	
03/10/10	19022464	HEPARIN, PORCINE 10000	1	40.00	
03/10/10	19027539	LIDO 1% 20ML VL	1	4.62	
03/10/10	19031358	METHYLPREDNISOLONE 12	1	40.00	
03/10/10	19032752	MORPHINE 2MG/ML 1ML C	2	80.00	
03/10/10	19033537	SODIUM BICARBONATE 4%	1	40.00	
03/10/10	19049731	MIDAZOLAM 1MG/ML 5ML	2	80.00	
03/10/10	19055383	METOPROLOL TARTRATE	1	40.00	
03/10/10	19056050	NITRO 0.1MG/ML 10ML V	1	40.00	
03/10/10	19057249	FENTANYL 0.05MG/ML 2M	2	80.00	
03/10/10	19103803	ATORVASTATIN 20MG	2	38.48	
03/10/10	19107697	CARVEDILOL 3.125MG TA	2	24.00	
03/10/10	19108729	ZYRTEC 10MG TAB	1	12.00	
03/10/10	19113745	DIAZEPAM 5MG TAB	1	12.00	
03/10/10	19118132	FAMOTIDINE 20MG TAB	2	24.00	
03/10/10	19128255	LISINAPRIL 5MG TAB	2	24.00	
03/10/10	19135920	NTG 0.4MG 25 TABS	2	24.00	
03/10/10	19140953	PREDNISONE 20MG TAB	1	12.00	
03/10/10	19170364	CLOPIDOGREL 300MG TAB	1	85.22	
03/10/10	19222290	HEPARIN 1000U	3	120.00	
03/10/10	19236084	NITRO 0.2MG/ML/D5 PBA	1	40.00	
03/10/10	19420047	FLONASE 0.5% 16GM NAS	1	263.41	
03/10/10	19503605	ASPIRIN 81MG CHEW TAB	3	9.00	
03/10/10	19514842	BENADRYL 25MG TAB	2	6.00	
03/10/10	21649660	IV START KT W/BD STAT	1	37.45	
03/10/10	21660204	CUFF BP ADLT MD SOFT	1	27.87	
03/10/10	24400368	CATH PLC COR ART W/O	1	9181.29	
03/10/10	24400566	INJ CORONARY ANGIO	1	269.30	
03/10/10	24400582	IMAGING PULMONARY ANG	1	2623.30	
03/10/10	24401341	ACTIVATED CLOT TIME	1	46.80	
03/10/10	24401424	CDES PLACEMENT INT RC	1	27145.45	
03/10/10	24500589	SET INTRO CATH 6FR RA	1	246.48	
03/10/10	24503039	SHEATH 8FR PINNACLE I	1	71.42	
03/10/10	24508442	TRAY CATH LAB ENC	1	405.55	
03/10/10	24508921	KIT TRANSDUCER SUMMIT	1	63.42	
03/10/10	24521734	COMPRESSOR FEMOSTOP G	1	291.20	
03/10/10	24530792	CONT VISIPAQ 320MG 15	2	518.56	
03/10/10	24551400	PACK PRIORITY 20/20	1	244.40	
03/10/10	24560435	GUIDEWIRE FRT MOD 185	1	416.00	
03/10/10	24568149	BLN DIL MAVRK2 2.5X15	1	1040.00	
03/10/10	24570160	BLN DIL QNT MAV 15X3.	1	1040.00	
03/10/10	24571135	INTRO ULTMUM 6FR ACT	1	67.95	

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Guarantor: POLLAK RICHARD D  
 3133 VIA DE CABALLO  
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
 Visit #: 100966005

Date	Svc Code	Description	Units	Debits	Credits
03/10/10	24579476	CATH ZUMA 8FR HS1	1	275.60	
03/10/10	24594376	KIT SYRINGE CUSTOM EN	1	75.50	
03/10/10	24600991	CATH IMPULSE 6F FL4 1	1	58.51	
03/10/10	24601007	CATH IMPULSE 6F FR4 1	1	58.51	
03/10/10	24601056	CATH IMPULSE 6F PIG 1	1	58.51	
03/10/10	24604886	BAIR HUG ADULT	1	124.95	
03/10/10	24605065	CLIPPER SURG DISP	1	84.92	
03/10/10	24605172	TUBING CONNECTING 48I	1	49.08	
03/10/10	24607343	ANGIO-SEAL 8F VIP	1	1040.00	
03/10/10	24614000	CATH ZUMA 8F F3.5 SH	1	275.60	
03/10/10	24622722	APPLICATOR CHLORAPREP	1	53.00	
03/10/10	24623589	OXISENSOR ADLT ADHSV	1	70.28	
03/10/10	24637332	STENT DES XIENCE 3.5X	1	7905.00	
03/10/10	24642308	CUFF BP ADLT MD SOFT	1	27.87	
03/10/10	24650228	HEMOSTAT HEMCON 1.5X1	1	227.00	
03/10/10	40630279	LIPID PANEL	1	117.00	
03/10/10	40630360	CK TOTAL	4	227.60	
03/10/10	40632085	LIPASE	1	60.20	
03/10/10	40632275	TROPONIN I	4	344.00	
03/10/10	40632622	CK MB	4	403.60	
03/10/10	40633109	TSH	1	146.80	
03/10/10	40633778	MAGNESIUM	1	58.50	
03/10/10	40650038	CBC	3	203.70	
03/10/10	40670614	PROTHROMBIN TIME	1	34.40	
03/10/10	40670622	APTT	1	52.40	
03/10/10	40683385	GLYCOHEMOGLOBIN-A	1	84.80	
03/10/10	40686768	PLATELET AGG EA MEM	2	375.40	
03/10/10	40748576	VENIPUNCTURE	6	112.80	
03/10/10	40754459	COMPREHENSIVE PANEL	1	92.40	
03/10/10	40760050	NATRIURETIC PEBTIDE (	1	296.50	
03/10/10	49610280	ECHO 2DCOMP W/ DOPPLE	1	2146.00	
03/10/10	49700016	EKG ROUTINE 12 LEAD T	2	328.20	
03/10/10	58700469	OXYGEN PER HOUR	4	105.44	
03/10/10	58700717	OXIMETRY CONT OVERNIG	1	287.30	
03/10/10	61100095	CHEST SINGLE VW	1	158.22	
03/10/10	65103137	VENOUS DPLX LOW EXT B	1	807.20	
03/10/10	70100615	ER LEVEL IV	1	1152.33	
03/10/10	70183413	OXIMETRY MULTIPLE	1	170.00	
03/11/10	19107705	CARVEDILOL 6.25MG TAB	1	12.00	
03/11/10	19108729	ZYRTEC 10MG TAB	1	12.00	
03/11/10	19110600	CLOPIDOGREL 75MG TAB	1	22.16	
03/11/10	19118132	FAMOTIDINE 20MG TAB	1	12.00	

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SCRIPPS MEMORIAL ENCINITAS  
 FILE 50354  
 LOS ANGELES, CA 90074-0354  
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PAGE: 3

Guarantor: POLLAK RICHARD D  
 3133 VIA DE CABALLO  
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D  
 Visit #: 100966005

Date	Svc Code	Description	Units	Debits	Credits
03/11/10	19128230	PRINIVIL 10MG TAB	1	12.00	
03/11/10	19503548	ASPIRIN 325MG TAB	1	3.00	
03/11/10	19515310	DOCUSATE NA 100MG CAP	2	6.00	
03/11/10 *	21656020	SLEEVE IPC CALF MED	1		173.05-
03/11/10	40630360	CK TOTAL	1	56.90	
03/11/10	40632275	TROPONIN I	1	86.00	
03/11/10	40632622	CK MB	1	100.90	
03/11/10	40650038	CBC	1	67.90	
03/11/10	40683385	GLYCOHEMOGLOBIN-A	1	84.80	
03/11/10	40748576	VENIPUNCTURE	1	18.80	
03/11/10	40754442	BASIC METABOLIC PANEL	1	74.00	
03/11/10	49700016	EKG ROUTINE 12 LEAD T	1	164.10	
03/11/10	58700469	OXYGEN PER HOUR	12	316.32	
03/16/10	26001	UNINSURED DISCOUNT	-1		14585.57-
03/19/10 *	50450	PROMPT PAYMENT ADJ	2		43169.34-
- Not posted				Balance:	15000.00

**Exhibit F**

**Reiter, Stephen**

---

**Subject:** FW: Consent to transfer of license to D. Swarovski KG

**Attachments:** Richard Pollak\_License Transfer Consent Agreement.DOCX

**From:** Wechselberger Sandra <[Sandra.Wechselberger@swarovski.com](mailto:Sandra.Wechselberger@swarovski.com)>

**Date:** Fri, Jan 7, 2011 at 4:18 AM

**Subject:** Consent to transfer of license to D. Swarovski KG

**To:** "[morganpollak@gmail.com](mailto:morganpollak@gmail.com)" <[morganpollak@gmail.com](mailto:morganpollak@gmail.com)>

Dear Mr. Pollak,

First of all, I wish you a Happy and Prosperous New Year! My colleague Dieter Fritz was so kind to provide me with your contact details. I am Senior Legal Counsel of D. Swarovski KG and handle the transfer of your exclusive license to Leslie LLC to D. Swarovski KG. Thank you for your message to Dieter confirming your principal consent to this.

We would like to formalize this in a short and straight forward consent agreement, draft of which I attach for your review. You will note that I included some deviations from the original license in light of the time passed between signing of the original license agreement and today. This especially applies to licensed patents to be shown in Schedule 1. We are reviewing this at the moment (therefore blank) as we noted that at least one of the listed patents, namely US 6,635,309 died in the meantime. Furthermore, WO 9848944A1 seems not be relevant anymore, AT 024 7530 has never been validated with the consequence that protection in Austria never existed. I therefore also propose to review and negotiate the existing license fee.

Please review and let me have your thoughts.

Thanks and best regards

Sandra Wechselberger

D. Swarovski KG

Dr. Sandra Wechselberger

Senior Legal Counsel

Legal Department

Swarovskistrasse 30, A-6112 Wattens / Austria

mailto: [sandra.wechselberger@swarovski.com](mailto:sandra.wechselberger@swarovski.com)

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10/3/2011

Fax: +43 (0)5224 55399

www.swarovski.com

In the commercial register of provincial court Innsbruck reg. KG, FN 22150 z

VAT-No.: ATU 31116306

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--  
Morgan

10/3/2011